

STATE OF WASHINGTON
MILITARY DEPARTMENT
EMERGENCY MANAGEMENT DIVISION
STATEMENT OF DOCUMENTATION AND FINAL INSPECTION REPORT

| | | | |
|---------------|-------------------------------|-----------------|---------------------------|
| (1) Applicant | (2) Disaster No: | (3) FEMA ID No: | (4) State Application No: |
| | (5) Project Worksheet No(s).: | | (6) Category |

| | |
|--|---|
| (7) Alternate Project <input type="checkbox"/> | Improved Project <input type="checkbox"/> |
|--|---|

CERTIFICATION

I hereby certify that to the best of my knowledge and belief, all work and costs claimed are eligible in accordance with the grant conditions, all work claimed has been completed and all costs claimed have been paid in full.

Date Work Completed: _____

Signature of Applicant Agent: _____ Date: _____

Phone No.: _____

| (8) Description of Work | (9) Approved PW Amount | (10) Claimed Costs | (11) Eligible Cost incurred |
|-----------------------------|------------------------|------------------------|-----------------------------|
| Labor: | | | |
| Equipment: | | | |
| Materials: | | | |
| Contract: | | | |
| Engineering Services: | | | |
| Other, list: | | | |
| Salvage/Insurance Proceeds: | () | () | () |
| Total: | \$ | \$ | \$ |

Applicant Comments:

CERTIFICATION

The financial records for the above referenced PW have been inspected and certification is hereby made that the work has been completed according to the approved PW scope of the work.

| | |
|---|------|
| LOCAL INSPECTOR (Signature and Title) | DATE |
| STATE INSPECTOR (Signature and Title) | DATE |
| APPLICANT AGENT CONCURRENCE WITH DEVIATIONS (Signature) | DATE |

white – EMD yellow – FEMA pink – Inspector gold - Applicant

2/28/01